Complete Form, Print, Sign and Mail to: Public Service Commission of South Carolina 101 Executive Center Dr., Suite 100 Columbia, SC 29210



Phone: 803-896-5100 Fax: 803-896-519 Text PSCAGENDAS to 3949;

Date*: 05/31/20	19	Individual Com				
Complainant or	Legal Representati	ive Information:	Required Fields			
Name *	Melinda McKissi	ck	Section Land			
Firm (if applicable)			S. Santa			
Mailing Address *	311 North Salem	n Avenue	47		1770 1874 1874	y 100
City, State Zip * E-mail	Sumter	SC 29150	Phone *	80346813	182	
Name of Utility	Involved in Comple	int: * Duke Energy Pr	rogress			
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Billing Error/A Disconnection Service Issue Other (be specif	djustments D of Service P N	Deposits and Credit Establishm layment Arrangements Meter Issue	wrong Ra		Refusal to Com	
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Complainant's Signature * (MUST HE SIGNED, DO NOT PRINT)